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ABSTRACT

The Family Resource Center (FRC), a recent concept in school-linked services, features a holistic approach to family-school-community collaboration. This practicum addresses four objectives: (1) to document baseline data on original FRC clients; (2) to develop a system for on-going case management facilitation; (3) to identify areas of effectiveness and impact of FRC function on clients and the service delivery system; and (4) to increase public and professional awareness of "what works" in this school-based setting. A service history document, a client/participant survey, and a service provider survey for this study were developed. Forty-nine clients answered surveys while twenty-two service providers responded to questionnaires. Data analysis revealed five conditions: (1) cultural differences in initial client referrals to FRC services; (2) grade level variance in type and volume of need category services for at-risk clients; (3) satisfaction and usefulness indices of FRC efforts for recipients and providers; (4) documentation of systems change within the human service delivery systems; and (5) indicators of FRC impact on client behavior. The FRC has the potential to stimulate the development of a community infrastructure for the support of children and families. Five appendices feature copies of client service record, a survey, and demographic forms. Five tables present some of the statistical distributions. Contains 10 references. (RJM)

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ED 376 409

Developing a Data Base to Document Effectiveness of a K-12
Rural School-based Family Resource Center for Recipients and
Service Providers

by

Bonnie E. (Kendall) Palmer

Cluster 52 A

A Practicum I Report Presented to the Ed.D. Program in
Child and Youth Studies in Partial Fulfillment of the
Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1993

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Practicum Approval Sheet

This practicum took place as described.

Verifier:

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Ralph Brooks, Ph.D.

Principal, McCray Junior High School

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December 17, 1993

Date

This practicum report was submitted by Bonnie E. (Kendall) Palmer under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

July 25, 1994
Date of Final Approval
of Report

Roberta Silfen
Roberta Silfen, Ph.D., Adviser

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Special thanks go to the FRC family (clients, service providers, staff, and volunteers) who participated as much as they could in the practicum effort and who make the Family Resource Center "what" it is every day of the year. May this report do your dedication and commitment justice.

And, last but not least, hugs and love go to two young people: "Jonné Amorette" and "Nathan John" who (not always so quietly but graciously) shared their "Mom" with reams of paper and midnight oil.

I thank all of you. This one's for you.

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Abstract

Developing a Data Base to Document Effectiveness of a K-12 Rural School-Based Family Resource Center for Recipients and Service Providers. Palmer, Bonnie E. (Kendall), 1993: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies. School-based Services/Student Support Services/Holistic Programs/Intervention Strategies/Change Process Variables/Empowerment/Family Support/Socio-Economic Variants in School Achievement/Human Service Delivery Systems/Prevention/Wellness/Motivation

This practicum was designed to document baseline data on original Family Resource Center Clients; develop a system for on-going case management facilitation; identify areas of effectiveness and impact of FRC function on clients and the service delivery system; and increase public and professional awareness of "what works" in this school-based setting. Service history records were documented; clients and service providers were surveyed.

The writer developed a service history document, a client/participant survey and a service provider survey. Original files opened September-December 1988 (numbering 225) were documented as to five-year service history. Forty-nine clients were surveyed and twenty-two service providers responded to questionnaires.

Analysis of the data revealed cultural differences in initial client referrals to Family Resource Center services; grade level variance in type and volume of need category services for at-risk clients; satisfaction and usefulness indices of FRC effort for recipients and providers; documentation of systems change within the human service delivery systems; and indicators of FRC impact on client behavior.

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CHAPTER I

INTRODUCTION

Description of Community

The work setting for this practicum effort was a school-based multiservice center known as a Family Resource Center (FRC). The FRC is the hub of a K-12 comprehensive student/family support service system within a rural unified school district. It is a one-stop access location helping youths and their families select appropriate social and health services for their needs. School administrators and support personnel refer students and family members to the FRC's centralized network of services, avoiding the often ineffective method of hunt and peck referral. Service providers also use the Family Resource Center to disseminate information about program, deliver services, and communicate regularly with support team members for follow-through to

prevent problems from recurring.

Client services include academic retention, retrieval and supplementation as well as identification, outreach, assessment, monitoring, mentoring, empowerment, advocacy, and the discovery or creation of multiple learning options for youth and adult client alike.

Community functions include developing comprehensive collaborative partnerships, advocacy for healthy communities, resource and program development, volunteer enhancement and serving as a positive change agent for human development. In the human service arena, the Family Resource Center is seen as the community's eyes and ears for service revision, expansion, linkage, and delivery.

While serving as this school-based hub for the integration of education, health and social services, the FRC is financially supported by community donation and the school district budget. Staffing consists of a Director, a Secretary, Federally funded Volunteers In Service To America (VISTA's), and over three hundred (annual) part-time volunteers. The expense budget for 1992-1993 for the FRC was \$2,000. The Director reports operationally to the High School Principal. Programmatically, however, for K-12 issues, she is responsible to the District Superintendent.

The unified school district services a rural community of eight thousand people and twenty-six hundred students.

The district extends over a total of one thousand square miles. Located in low-desert terrain, it is surrounded by Indian Reservation on three sides and is located mid-way between two major urban complexes: one, an hour to the north, and the other an hour to the south. The little community boasts a National Monument archaeological historic site but is primarily a bedroom community for "snow-birds" and city or government facility employees.

In reality, the town is struggling under the influence of four generations of welfare, 75% free or reduced lunch, 17.5% unemployment, 32% drop-out, 22% teen pregnancy rates and a crumbling good-old-boy network in the midst of a strong cowboy culture. The town is visibly stratified by the "haves" and the "have-nots" and until 1986, liked it that way.

Ethnically, the population is represented by 45% Anglo, 32% Hispanic, 14% Native American, 8% Afro-American, and 1% Asian. Twelve hundred people comprise the waiting list for low income housing resulting in multiple household dwellings throughout the community.

Writer's Work Setting and Role

The Family Resource Center is a two thousand square foot, uncarpeted former band-room, backstage from a one thousand capacity auditorium. It is located midway between the elementary and secondary school facilities in the

unified district. Its' entrance opens onto a sloped sidewalk curving under mesquite trees leading to the main street and parking lot. Large wooden signs in front and over the entrance labels the Center's location.

Visitors are greeted by a living room furnished with multicolored burlap wall drapes, donated sofas and stuffed chairs, toy cupboard, bookcases, stereo, coffee corner, agency brochure racks, a large braided rug, side tables and chairs. Toward the back of the facility are work stations for Secretary, Director, and Vistas gently camouflaged from view by bookshelves, dinosaur collections and bulletin boards. The middle of the Center is occupied by small tables and chairs, tutoring materials and game cupboards draped overhead with a colorful twelve foot fabric dragon made and donated by local 4-H children. Three small counseling rooms are available along one side of the room. The very rear of the facility hosts a kitchen area, clothing bank, Xerox room, storage space, and restrooms.

Initially, the clients of the Family Resource Center came from school referrals in grades K-12 and family members comprised of siblings and/or adults wishing service. During the first four months of operation in 1988, clients numbered two hundred forty-one with seventy-one family members participating. These school referrals were made to the FRC because of perceived failure-to-thrive within the school

environment.

School personnel involved those first months included teachers, counselors, nurses, administrators, and support staff in a position to refer, monitor, and assess students through the process of FRC involvement. Service providers included health and human service personnel outstationed at the FRC as well as stationary services from which services were brokered. Staff during this time period consisted of the Director and a few volunteers.

While some of the original participants have moved out of the area and are not reachable, nevertheless it is the FRC client population, school personnel and service providers between September-December 1988 that were the focus of this practicum.

The writer was the originator and developer, as well as Director of the school-based Family Resource Center model under discussion in this proposal. She oversees the daily operation of the facility which has a cumulative caseload of 3063 clients, supervises staff and volunteers, case manages the service brokerage and resource development to meet client need, interfaces with all levels of school personnel and administration, and collaborates with service providers to enhance service delivery.

The writer also consults statewide and nationally on the replication of the school-based FRC concept and its

value as a means of redirecting negative outcomes for at-risk populations. With degrees in Psychology and Community Development, she is a veteran of twenty-five years in child and family services. Her expertise spans the fields of administration; program evaluation; program, resource and organizational development; community mental health; Head Start; child abuse training and technical assistance; college instruction; and multicultural programs.

Within the district, the writer is frequently asked for data to support the value of Center activities. The State Department of Education and specific legislators have asked regularly for documentation of services delivered, positive outcomes, and examples of systems change. The writer is in an excellent position after five years of experience with the Family Resource Center model, as well as with her specific background and training, to address these requests.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

In 1986 the community began a process of change. Town forums were held; strategic-planning took place as participants examined values, norms, issues, options and action steps possible. Government units, local and county, were struggling for survival both economically and socially. Public conscience was awakening. The need for change appeared paramount. The repeating cycles of negative outcomes for the majority of local residents had to be arrested and energies began to be harnessed for positive solutions.

The author was part of that initial change process and in 1988 convinced the school district to open the school-based Family Resource Center referred to in this paper. The Center model was hers, drafted in 1987, copyrighted, and it represented a rural implementation approach to the

nationally recognized, urban, Cities-In-Schools philosophy. That program's goal is to work with at-risk students providing early identification, retrieval, and remediation of negative outcomes. It demands strong community-school collaboration in the search for preventive-interventive strategies. The Family Resource Center model required no less.

Five years have passed and the Center has thrived. The model is being replicated statewide, nationally, and in Canada. Client numbers topple at three thousand and the population impact-range exceeds seven thousand people. Community support has been evident in dollars and volunteer contribution but now, in spite of the model's apparent success, a plateau has been reached. Program proliferation is no longer a priority for survival. Operational documentation is.

Within the school district, changing administration has posed a yearly challenge to the security of the Center. Involved in a school-improvement process, district energies are now focused on curriculum integration. While support programs are currently viewed as necessary, they are not proclaimed as necessarily desirable. Preference would clearly be for a time when academic refinement and optimum instruction would magically erase social malaise and public education could get back to doing what it does best(?).

Although budgetary commitment to the Center has been small, (under \$55,000 per year), increasing budget crunches and reduced legislative allocations to school districts have made it necessary to manage every dollar wisely. Every expenditure is required to be accountably beneficial to district students and district goals. Program units within the district are feeling the pressure of legitimizing what they do.

The Family Resource Center's problem is, however, that no documentation exists to demonstrate a relationship between school-based Family Resource Center services received, subsequent client/family behaviors or attitudes developed, and health and human service delivery system improvements made.

Problem Documentation

The Center opened three days after School Board approval in August of 1988. The Director was part of a county-wide prevention partnership, and she did participate in the development of early tracking instruments to document client use. Examples included demographic forms and case plans. There was, however, no measurement tool designed to record resulting outcomes of Center use, attitudinal change, behavioral change, or systemic change for client or service providers. In essence, client problems and service choices comprised all of the information available.

As time passed, the following monitoring tools were created for the Director's own case management use:

1. A teacher/mentor rating scale of perceived client progress;
2. An action log of case management steps;
3. A service log of client interaction with Center personnel.

These instruments, however, have been utilized inconsistently by staff as clients flowed in and out of service over the five year period. Consequently, only demographic and categorical service data has been available for external information requests. For example:

- 40% of all clients are adult,
- 59% of all clients are female,
- 60% of all clients have basic need issues,
- 27% of all clients utilize behavioral health services,
- 10% of all clients need academic services,
- 2% of all clients have crisis issues, and
- 1% of all clients have chronic health issues.

School administrators and funding sources, however, want more. They want to know what works and what doesn't. They want to know what makes it work and what doesn't. In

addition, they want to know if clients experience positive outcomes as a result of FRC involvement and if systems respond to the challenge of collaboration. Terry, Silka, & Terry (1992) also cite researchers needs for more effective measurement of behavioral and attitudinal change caused by prevention programs.

In 1992 the Morrison Institute for Public Policy, Arizona State University, Tempe, Arizona printed a series of Issue Papers related to at-risk research in state funded K-3 and 7-12 prevention programs from 1988-1991. While those Issue Papers represent testimony to the availability of quantitative data in such programs, Issue #6 specifically cited a need for access to longitudinal data on student outcomes (Vandergrift, 1992).

In the midst of program development, operation and maintenance, the Center Director had no time, staff, or money to focus on outcomes evaluation; consequently none existed. The Urban Institute conducted an evaluation of the Center in January of 1993, but they examined very specific client ages and years of service. Their report will be interesting when completed, but information will be presented in generic terms, blended with data from nine other programs. It is doubtful that local administrators will be able to glean from it the specific success indicators that they need to make budgetary decisions.

Likewise, legislators considering funding the FRC model replication statewide will need more information. As a result of lack of this data, the State Department of Education just initiated a contract with an evaluation team from San Francisco to begin a longitudinal study of Center operations during the 1993-1994 school year.

In the meantime, it is clear that no guidance exists to demonstrate the success of Family Resource Center services in redirecting negative outcomes for at-risk clients. No document exists to relate the receipt of FRC services to changed behaviors and/or attitudes of clients served. Additionally no testimony exists to demonstrate health and human service delivery improvements since FRC efforts began in 1988.

Furthermore, a review of all client files from 1988 revealed that no instrument exists to document actions taken by the clients as a result of FRC involvement. Also, no affective measure exists to represent client perception of and attitude towards services received from the Family Resource Center. No summative document exists showing any impact of school-based Family Resource Center services on client/family behavior or attitude formation. And lastly, staff have no specific operational guidance to know "what works" when directing energies and selecting strategies of intervention for clients.

Causative Analysis

The Family Resource Center represents a relatively new concept in school-linked services. It challenges several old notions of public education's role in the family, its' responsibility to its students, and how health and human service providers will do business in the school arena. It represents a holistic approach to family-school-community collaboration in an effort to better meet the needs of today's children.

While consistent with goals of America 2000 referenced by Gerry and Certo in The Future of Children (1992), the FRC is probably best justified by recommendation #3 of the Joint Task Force for Education, Mental Health and Mental Retardation for the State of Texas. In their report Education and Mental Health: Profitable Conjunction (Texas Education Agency, 1990), it is suggested that "schools become the focus for providing physical and mental health services in the community" (p.6). The same citing goes on to espouse the rationale for that recommendation:

Schools can accomplish their educational mission only if they attend to the emotional, social, and physical needs of students. The mental health and educational needs of children are inextricably intertwined. The school campus should become the hub of the community, so that health services, including early

identification, referral and student assistance programs can be provided immediately to children and their families (p.6).

This rationale is additionally supported by Maryland's State Department of Education in its Technical Team Report submitted to the Commission for Students At Risk of School Failure. In fact, that report, In the Middle. Addressing the Needs of At Risk Students during the Middle Learning Years (1990), states that "Neglecting the physical, social, and emotional dimensions of the young adolescent jeopardizes cognitive gains" (p.20).

In the event that one is convinced of the school's responsibility to meet the needs of the whole child, Palanki and Others (1992) remind us that a holistic approach recognizes the relationship between the multiple environments influencing child development. "The child is understood to be part of a family; therefore, policies and programs that specifically target children must also take their families into consideration" (p.3).

With the above references answering the question of "why" a school-based multipurpose center serving children and families is important, it is easy to understand how energies got channeled initially into making such programs happen. The Family Resource Center under focus in this proposal is one such program and since the late 1980's many

similar, local initiatives have evolved throughout the United States unbeknownst to each other. Now, however, new concerns are beginning to evolve. How does one measure the relative value and merit of such programs for all concerned? And, should decision makers justify the expense of consolidating community resources on school site for unknown outcomes? It is at this crossroad that the FRC Director, and practicum author has found herself. Designed in 1987 as a cutting-edge proposal, copyrighted and implemented in 1988 as one of the first programs of its kind in the United States, her FRC model began with little-to-no evaluation guidance from the field of practice. Gomby and Larson verify that in their article "Evaluation of School Linked Services" (1992):

Current efforts at providing school-linked services differ in significant ways from those described in the published literature. Today, multiagency collaborations offer or coordinate multiple education, health, and social services at or near the school site...Given the scope and complexity of the initiatives, it is not surprising that methodologically rigorous evaluations have not yet been conducted (pp.79-80).

Lack of evaluative methodological precedent, is, therefore the significant causal contributor to the lack of process or

outcomes documentation alluded to in this practicum proposal's problem statement. Other factors, however, should also be mentioned.

The Center began as a one-person operation. Sixty-hour weeks were necessary just for program development and implementation. Having no collegial feedback for the stimulation of new ideas; no staff to carry some of the responsibility; no operation dollars (\$200.00 only for supplies the first year) to help establish on-going documentation systems; having an overwhelming number of clients with service demands covering the spectrum of human need; and experiencing the inhibiting uncertainty of program survival year to year definitely contributed to the lack of on-going evaluative thought as well as procedural exploration.

Relationship of the Problem to the Literature

Every school-linked service effort should have one evaluation component. Few will have sufficient funding for high quality study, but all should adopt goals for process and outcomes and have some means for collecting data (Gomby and Larson, 1992). The authors' article entitled "Evaluation of School-linked Services", cites two reasons why evaluation of these new, innovative programs is so important: "1. Evaluation can provide information about whether the school-linked service approach is effective

and/or worth the investment"...and "2. Evaluation can also provide information about how best to implement a program" (p.69).

When The Family Resource Center was first getting established, little research existed on the pros and cons of such multipurpose school-based programs. Lisbeth Schorr, however, published Within Our Reach: Breaking the Cycle of Disadvantage in 1988. That work has become the "bible" for many would-be at-risk program developers. In addition to being very specific about attributes of successful programs, the author cautions readers to resist attempting to rigidly quantify success. According to Schorr, "the unreasonable demand for evidence that something good is happening as a result of the investment of funds often exerts unreasonable pressures to convert both program input and outcomes into whatever can be readily measured"...and "Pressures to quantify have crippling effects on the development of the kinds of programs most likely to help high-risk families" (p.268). A variety of information should be examined, it appears, when making judgements about what works.

To elaborate on the variety of information desirable, Gomby and Larson (1992) make it very clear that "one of the first steps in launching an evaluation of school-linked services is to determine the goals of the evaluation" (p.69). Is a description of the services all that is wanted

or is information regarding the clients served and the differences made by the services also needed? Whatever the goal of the evaluation, an appropriate information gathering approach needs to be adopted.

Dryfoos' answer to assessing the complexities and range of interventions offered by the "youth-serving industry" (1991, p.631) was to categorize the inquiry into programs aimed at changing specific high-risk behaviors in an effort to discover common themes of success.

Palanki and Others (1992), however, urge the consideration of policy development as a prerequisite to understanding and evaluating programmatic impact. They contend that family involvement in change depends more on the practices and experiences of schools and communities than on status variables themselves.

Much literature is available in 1993 for preview as it relates to school-linked services and programmatic documentation. Fields of reference material scanned included those on health, holistic services, and community-based services. Socio-economic factors, lifestyle change, motivation, cultural differences, change interventions, empowerment and success variables were searched. And finally, education issues of student-parent involvement, school-based programming, evaluation technique, student

achievement measures, and the dynamics of the change process were all examined.

Remaining points that seem quite clear are the following (Gomby and Larson, 1992):

1. Qualitative and quantitative evaluation measure combinations produce the most realistic appraisal of effort.
2. At-risk, school-based intervention programs are usually unique and diverse making evaluation a challenge, and
3. Most successful programs are locally inspired and funding for evaluation is always a problem for locally inspired programs.

Charles Bruner, in a document prepared for the Education and Human Services Consortium in Washington, D.C., August 1991 probably addresses the task of assessing success in collaborative effort programs simplest and with much common sense. His recommendations were the following to know if things were working: in the long run, there should be reductions in negative outcomes. In the short term, process oriented measures should show agreement among clients and workers that services are working and improving (p.12).

Whatever the difficulties and whatever the scope, all efforts need to be documented both for the programmatic

guidance the information will render as well as for the contribution of knowledge and understanding the effort will lend to the field.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to produce a document identifying Family Resource Center services received by 241 original clients and the participating 71 family members over a five year period from 1988 to 1993. Contained within the document will be delineated the relationship links between services received and behaviors or attitudes developed by clients. Additionally, community service provider evidence related to system change and value gleaned from Family Resource Center collaboration will be presented.

Expected Outcomes

Outcomes for this practicum were projected to include the following:

A system would be in place to document each service received from the FRC for each client participating in its program September-December 1988 and beyond.

An instrument would exist delineating services received from the school-based Family Resource Center over a five year period 1988-1993 for each September-December 1988 client.

Surveys would be completed on all September-December 1988 clients and service providers available for interview.

Documentation would be available demonstrating relationship links between Family Resource Center services and the re-direction of negative outcomes for its clients.

Documentation would exist to relate the receipt of Family Resource Center services to behavior change and/or attitude development of clients served.

Written testimony would exist to delineate health and human service system change directly or indirectly resulting from FRC efforts and system collaboration since 1988.

A summative document would exist to provide operational guidance to staff, school personnel, and all interested parties. It would answer the questions of "what works", "when", "why", and "under what at-risk conditions" if considering school-based Family Resource Center development and operation.

School District administration, School Board and general public knowledge of Family Resource Center services and perceived value to clients and community would be increased by an oral presentation of the summative document at the end of practicum implementation.

Measurement of Outcomes

Three instruments were designed, approved, and utilized in this practicum:

1. A 5-year Client Service Record (or grid sheet),
2. A 1988 Participant Survey, and
3. A 1988 Service Provider Survey

Based on literature advice, a multiplicity of information was needed in the short term appraisal of collaborative efforts as well as in the exploration of long run outcomes. The above instruments would fill in the current information gaps in 1988 FRC client-service provider data so that the appraisal could be conducted.

The 5-year Client Service Record (Appendix A) consisted of a one-page grid sheet identified by client name and file number. The Family Resource Center conducts assessments and brokers services in nine at-risk arenas impacting client behavior: academics, attendance issues, basic needs, behavior/disciplinary actions, physical health, mental/emotional health, family relationships, chemical

abuse, and crisis issues. These nine areas were recognized by the longitudinal categories of the grid.

The horizontal category blocks represented the five years of Family Resource Center operation: 1988-1989, 1989-1990, 1990-1991, 1991-1992, 1992-1993. The blocks provided sufficient space, in most cases, for documentation of the name of the service selected and the name of the provider servicing the need. Additional sheets could be adapted for client exceptions when one block was insufficient. No personal information related to specifics surrounding the service need was to be recorded on this grid sheet. If the client was a student, notations of school grade progression were made by year along the bottom horizontal grid.

Information contained within all September-December 1988 client files would be recorded on these service record sheets placed at the front of each file. As additional information was revealed on clients as a result of the participant survey, the service record was updated throughout the practicum period.

Information on the client record sheets lent itself to service category counts, service provider counts, annual variation counts, service pattern possibilities, and grade level interaction, should that be needed in the analysis of data.

The 1988 FRC Participant Survey (Appendix B) is a four page questionnaire consisting of nineteen response items. In order to supplement Client Records information, initial questions ask to verify services received and the relationship of the recipient. Two items provide satisfaction index data while two questions are designed to contribute to the development of a usefulness index of services and benefits received. The rating scale range employed is 1-4 with (4) being most useful or most beneficial.

Five questions ask for participant indication of willingness to refer friends or family to the Center and participant perception of Center value to self and community.

The final three items are open ended, asking for client reflection on attitudinal or behavioral change experienced over the five years that was directly or indirectly influenced by contact with The Family Resource Center.

Clients had a choice of survey method: by mail, telephone, or face-to-face. All methods required no more than twenty minutes to complete.

The 1988 Service Provider Survey (Appendix C) is a four page questionnaire consisting of eleven response items. The first five items refer to service status and the providers

area of involvement with The Family Resource Center and its' clients.

Two items lend themselves to a satisfaction index tally offering a rating scale of 1-4, with (4) being the highest degree of satisfaction with FRC performance.

Open ended questions comprise the rest of the survey asking for indicators of advantage, disadvantage, and systemic change as a result of FRC's participation in the health and human service delivery system over the last five years.

Service providers had a choice of survey method: by mail, telephone, or face-to-face. All methods required no more than fifteen minutes.

Mechanism For Recording Unexpected Events

A practicum journal was established and maintained on a daily basis recording all activities transpiring that pertain to the effort. All practicum staff made entries. Activity logs were maintained by all staff assisting in any way with practicum effort.

A practicum action-plan calendar was posted at the worksite weekly for activity reminder, task completion check-off, and problem documentation.

End-of-the-week weekly meetings with all practicum staff was held to consolidate information, compile data, discuss unexpected events or difficulties, project revisions

in the next week's action plan, and revise the practicum calendar when necessary.

A high level of activity monitoring was maintained by the practicum author to include daily progress reviews of notes in the journal and the activity logs. Unexpected events were noted immediately, incorporated into the action plan, and activity adjustments were made when and where appropriate.

Catastrophic events were to be called in to the practicum advisor for guidance. No occasion arose to do so.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

No documentation history has existed to demonstrate a relationship between the practicum-specific school-based Family Resource Center services received, subsequent client/family behaviors or attitudes developed, and health and human service delivery system improvements made.

Documentation of strategies employed to intervene in peoples' lives, particularly for the purpose of change, is essential. That is how theory of "best practice" develops over time, in concert with research effort.

Formalized interventions in health and human services have historically been guided by systemic procedure and a way of "doing business." Statistics are collected most often on service utilization and are compiled primarily to justify agency need and staffing pattern. Documentation rarely has been sought, however, for client perception of

service, collegial ratings of performance, or how service has impacted client behavior.

School-linked services are not entirely new to the human service delivery system, but they are new to the evaluation field. Categorical services have been offered and documented for years (ie: drug abuse prevention, sex education, teen parent programs, and alternative education). Most have been curriculum based, however, and as Dryfoos (1991) stated, "Programs that can only demonstrate effects on knowledge or attitudes...do not constitute sufficient evidence that behavioral change will follow" (p.631). For that reason education programs aimed at influencing student behavior choice have only been able to contribute thematic evidence of "what works" to the body of literature regarding successful human intervention models. The two themes discovered by Dryfoos' study of one hundred programs as themes making a difference in peoples' lives were: (1) "the need for individual attention" ...and (2) " the importance of multicomponent, multiagency community wide programs" (p.631). Both of those themes are reflected in the instruments utilized for data retrieval in this practicum.

Powell (1991) cautions that as schools move into their new role as brokers of multiple services for students and families, new dimensions of data gathering also arise. Effort should be placed on the delineation of "functional

requirements of a healthy, curious, and productive child" (p.309). He continues to say that "schools may wish to undertake their own data-gathering efforts to learn about family needs, aspirations, and characteristics in order to reduce the possibility of launching initiatives based on family myths rather than realities" (p.310). This practicum attempted to do that.

Gomby and Larson (1992) offer very specific guidance to the evaluation of school-linked services. Once goals have been established, decisions can readily be made as to selection of evaluation format. Process evaluation, focussing on descriptions of the activities of service programs, and outcomes evaluation, focussing on the effectiveness of service programs (p.70) both had potential for this practicum. The ideal, however, was to use elements of both evaluation techniques according to Schorr (1988). This practicum attempted to do that as well.

Description of Selected Solution

Considering the newness of the school-linked service field and the relative infancy of school-based multiservice center evaluation efforts, the writer selected a solution to the stated problem that approximated a process evaluation format predominantly. Money, staff, research expertise, and time ruled out this practicum demonstrating much in the way of outcomes evidence.

Elements of successful programs (Schorr, 1988) are remembered in the data analysis, and components of wellness constitute an area of discussion rather than elements of the problem, as cautioned by Powell (1991). Nevertheless, both quantitative and qualitative data was sought to the degree possible in the examination of the Family Resource Center's impact on the client and the service delivery system.

Service records were completed for 1988 clients; surveys extracted FRC impact information from both clients and service providers and a summative document analyzes all of the data to the best of the writer's ability for public review. In the course of this practicum, the goals for both process and outcomes evaluation of Family Resource Center ongoing operation became more clearly defined and programmatically substantiated.

Report of Action Taken

Staff assisting with this effort included the FRC Secretary (not on contract with the Center during the summer months) and a recent University of Arizona Psychology graduate (with research experience in child and family studies) who was temporarily available awaiting graduate school.

The FRC Secretary performed clerical tasks, client file documentation, mailing list development and scheduled interviews.

The University graduate conducted all surveys that required face-to-face or telephone interview. She also made follow-up phone calls in an attempt to secure reticent participant involvement. Bilingual volunteers were available to her upon demand should Spanish-speaking clients request it.

All practicum staff maintained activity logs and the writer reimbursed them for time expended on practicum effort.

All printing costs were paid for by the writer. Mailing costs were absorbed by the School District. Facility use, computer use and miscellaneous paper costs to be involved in the reproduction of the summative document were contributed by the District. All other tasks were performed by the Practicum author.

Work began the week of June 28. The writer printed 400 copies of an introductory letter then mailed to all September-December 1988 clients and service providers (Appendix E). A Spanish version was to be developed if warranted or requested. It did not prove to be necessary.

Surveys were also printed this week: 300 Participant and 100 Service Provider copies were to be available for use. Two bilingual volunteers were available for translation should survey completion require it. No Spanish version of the surveys were printed.

The writer held an orientation meeting this week for support staff assisting with practicum tasks. An activity journal was established, activity logs were instituted and the practicum calendar was posted. Staff reviewed the surveys and role-played face-to-face interviews as well as telephone interviews to develop a comfort level with the survey content.

Mailing lists and mail labels for client participants and service providers involved were completed.

The week of July 6 was used for mailing letters of introduction, completing the documentation of service records, to date, on 1988 clients and identifying secondary service providers (not agencies) to be interviewed. An end-of-the-week telephone conference with staff clarified progress, problems, updated the activity journal and verified the calendar schedule. (The Practicum author was in Virginia attending Summer Instruction and Summer Institute.)

July 12-16 saw the beginning of interview schedules and initial interviews. A telephone conference with staff verified that surveys were mailed to participants requesting to complete the interview by mail. Appointments were made with participants wishing phone or face-to-face interviews. Response, however, to the introductory letters was slight.

July 19-August 6 was devoted to the continuation of surveys and interviews. Frequent interaction of staff allowed for the updating of the practicum journals, logging participant returns, and the remailing of survey requests. The writer returned from vacation July 25 and resumed an active role in the practicum implementation.

During August 9-13, the focus was on the updating of client service records from information gleaned from surveys completed. A staff meeting was held. Staff was discouraged by the minimal return and the significant number of unavailable ("moved, no forwarding address") participants. At this time 23 participant interviews were complete; 17 service providers surveys had been received and 52 introductory letters (constituting 159 clients) were returned for "moved, no return address". A decision was made to resubmit letters of introduction to clients with valid addresses and to make personal contact with those possible.

From August 16-27, practicum staff was reduced to the writer as the graduate student left for college and the secretary came back on contract. Some review of the data was begun.

During August 30-September 10, the surveys were studied for content. Data retrieval dates were extended in an

effort to secure more returns. Phone calls were made and additional surveys were mailed to located respondents.

From September 13-17, four additional service provider surveys were received and 26 participant surveys were completed.

During September 20-27, initial client lists were compared to the returns; resulting surveys were studied and thank you letters were drafted for participants. The summative document was not able to be drafted during implementation as originally planned. Additionally, the report to NOVA and school district personnel was necessarily postponed until data could be analyzed.

Obstacles and Road Blocks

As the practicum evolved, the writer had to leave for Summer Institute and Instruction the second week of implementation. Additionally, finances necessitated the author taking a vacation week immediately following Institute resulting in a three week absence from the practicum site. Many of the obstacles experienced in implementation related to the writer's absence and inability to creatively resolve road blocks during that three week period for the practicum staff. Phone conferences helped somewhat but could not substitute for daily personal attention to implementation detail.

Summer vacation schedules interfered with service provider response. Surveys received by the agencies in question typically "sat" while staff were away and did not appear as priority upon their return. Reminders helped to bring responses in but were costly and time-consuming.

Participants reachable by phone or personal contact were easy to survey. No verbal refusals were received. However, working telephone numbers for the client population proved to be more elusive than deliverable mailing addresses. Message phones were prolific with, no doubt, messages often getting lost or forgotten.

Remailings had not been planned on which used up more implementation time. As a result, analysis and presentation of data (to School administration) has been delayed. Upon approval of the Practicum Report, a date will be requested on the School Board's Agenda for a formal presentation of results instead of incorporating it into the Practicum time-frame as originally planned.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The writer directs a school-based Family Resource Center within a rural unified school district of twenty-six hundred students. Five years of operation revealed that no guidance existed to demonstrate the success of its services. No document existed to relate services to reason for referral, changed behaviors, attitudes or system improvements since FRC efforts began in 1988. Furthermore, no document existed to record qualitative perceptions of FRC impact on client lives, attitude formation, service delivery, or school system accommodations. Consequently, staff has operated with "gut-level" perceptions of "what works." No procedural guidance has existed for the direction of energies or strategy selection for client intervention and support.

This practicum sought to do five things to address the problem. First of all, a client service record was developed and implemented to document service histories for all clients beginning service September-December 1988. Second, a participant survey was developed and administered to available 1988 clients. Third, a service provider survey was developed and administered to available 1988 service providers. Fourth, a summative document in the form of a Practicum Report was developed, analyzing process information for the future guidance of FRC staff and Advisers, service providers and school district administrators. And fifth, upon approval of the Practicum Report, a date will be scheduled with District administration for a formal presentation of results in an effort to increase public knowledge of FRC services and perceived impact on clients and community.

1988-1993 Client Service Record Documentation

The practicum Proposal projected a client population available for service history documentation to equal 241 original clients (September-December 1988) with 71 family member clients joining service totalling 312 individuals.

Actual manual count during Practicum implementation could verify only 237 original client files opened during the September-December 1988 time period. Additional clients began service after December 1988 but, for purposes of this

Practicum, were eliminated from the study population. Furthermore, examination of those 237 files revealed that 12 were not documentable. Files had been opened on individuals but no services were recorded. Thus, the total client-file population available for service history documentation was reduced to 225.

Table I represents the demographic distribution of the 237 original FRC clients by grade, gender and ethnicity.

Client population ethnicity was compared to school district ethnicity to illustrate distribution of service. Figure I represents that comparison.

Figure 1: School District Student Ethnicity Compared to FRC Client Referrals, September-December 1988

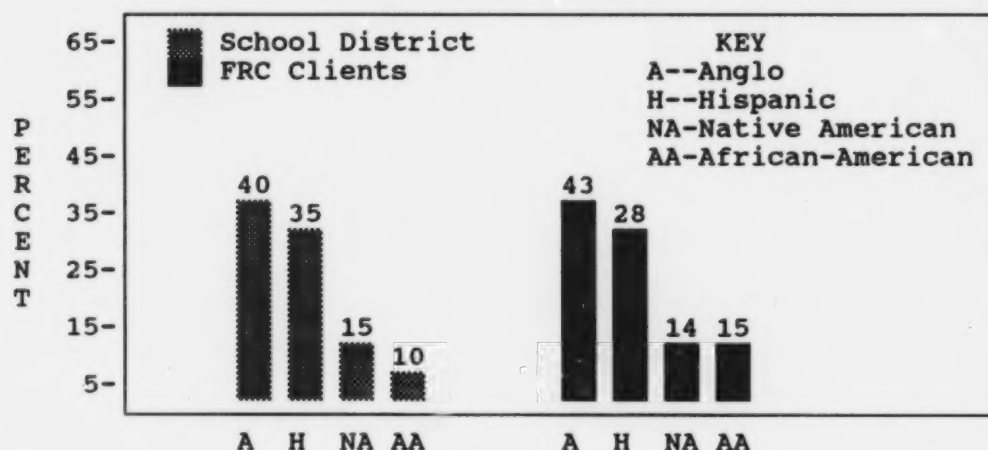


Table I
Original FRC Client Demographic Distribution by
Grade, Gender, and Ethnicity

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Tot
Grade/Gender Statistics (n=237)														
Male	5	11	13	10	11	5	7	15	8	8	6	7	8	114
Female	2	10	11	5	5	6	6	16	15	20	14	7	6	123
Grade Population	7	21	24	15	16	11	13	31	23	28	20	14	14	237
% Total Population	3	9	11	6	7	4	6	13	10	12	8	6	5	100
% Male Referred	71	52	54	66	69	45	54	48	35	29	30	50	57	48
% Female Referred	29	48	46	34	31	55	46	52	65	71	70	50	43	52
Client Ethnicity Statistics (n=237)														
Anglo	4	5	5	7	8	5	2	13	13	12	16	5	8	103
Hispanic	3	10	8	2	4	3	4	8	2	9	3	6	3	66
African-American	0	3	6	6	2	0	2	4	5	5	0	1	2	36
Native American	0	3	5	0	2	3	5	6	3	2	1	2	1	33
Percentage of Client Ethnicity By Grade (n=100)														
Anglo	57	24	21	47	50	46	15	42	56	43	80	36	57	43
Hispanic	43	48	33	13	25	27	31	26	9	32	15	43	22	28
African-American	0	14	25	40	12½	0	15	13	22	18	0	7	14	15
Native American	0	14	21	0	12½	27	39	19	13	7	5	14	7	14

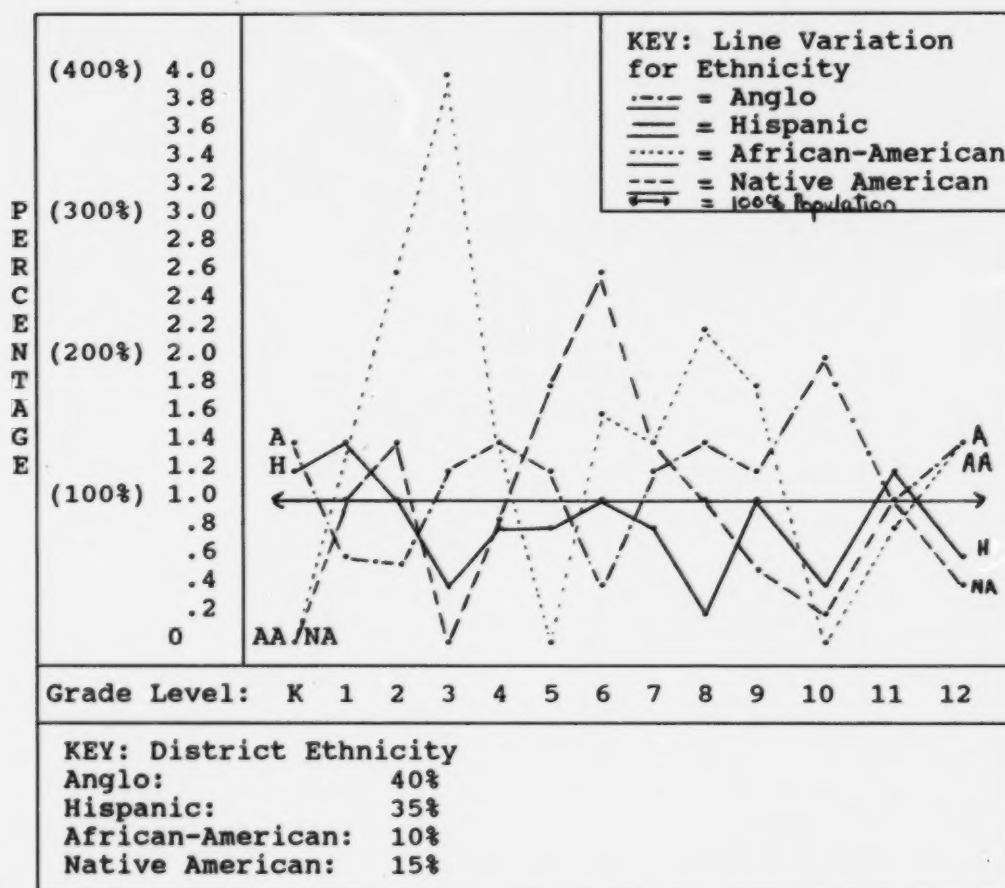
Table I (continued)

Original FRC Client Demographic Distribution by
Grade, Gender, and Ethnicity

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Tot
Client Percentage of District Ethnicity (n=100)														
Anglo	1.4	.60	.53	1.2	1.3	1.2	.38	1.1	1.4	1.1	2.0	.90	1.4	40
Hispanic	1.2	1.4	.94	.37	.71	.77	.89	.74	.26	.91	.43	1.2	.63	35
African-American	0	1.4	2.5	4.0	1.3	0	1.5	1.3	2.2	1.8	0	.70	1.4	10
Native American	0	.93	1.4	0	.83	1.8	2.6	1.3	.87	.47	.33	.93	.47	15

Figure 2 visually depicts the last column of Table I showing the percentage FRC client referrals (by school personnel) September-December 1988 as distributed across grade level and district ethnicity rates.

Figure 2: Referred Client Percentage of District Ethnicity at Each Grade Level



Services provided clients were examined and documented on the service record instrument. Over the nine client need categories, 641 services were delivered. Distribution of those services across the range of grade level clients is represented in Table II. Percent of services required by each grade level from the nine service categories is also visible in Table II.

It should be remembered that the actual September-December 1988 client population receiving services totaled 225. Of that 225, ninety-three clients have graduated or are out of school. Clients still within grades K-12 number 132. Forty-one individuals of that 132 are still in service with the FRC (constituting 31%) after five years.

1988 FRC Participant Survey Indicators

The Participant Survey revealed information related to services received, satisfaction with Center personnel and practice, benefits realized, perception of FRC value and impact on clients and community.

During implementation, 237 surveys were mailed at two different times. The number of surveys returned as undeliverable numbered 159. That left seventy-eight clients available for survey. Forty-nine responses were received (constituting 63% of the available population) and twenty-nine clients did not respond to the survey request. Thirty-

three of the responding clients were students and sixteen were adults.

Although the option was available for anonymity for client response, all respondents were identified (and were of Anglo or Hispanic ethnicity). Twelve percent of the surveys were administered orally meaning eighty-eight percent of the clients chose to fill out the surveys independently.

Table II

Services Received by Original FRC Clients
Dispersed by Grade Level and Category of Need

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Tot
Number of Services Received (n=641)														
Academic	4	14	17	10	11	5	2	16	9	7	10	6	5	116
Attendance	0	5	5	3	3	2	2	4	4	5	1	3	1	38
Basic Need	4	8	6	10	6	3	1	1	5	5	1	4	4	58
Beh/Discip	3	8	10	10	9	8	8	12	7	5	3	0	1	84
Phys Hlth	2	4	6	6	3	1	2	2	3	8	2	0	3	42
Emot Hlth	5	12	10	10	9	8	10	10	11	7	5	2	4	103
Fam Issues	5	14	10	9	10	10	8	14	9	9	4	6	6	114
Chem Abuse	0	3	1	4	1	1	1	7	6	6	2	3	2	37
Crisis	2	4	1	6	4	2	2	3	6	11	4	3	1	49
Total Services by Grade	25	72	66	68	56	38	31	69	60	63	32	27	27	634
# Services per Client	3.57	3.42	2.75	4.5	3.5	3.45	2.38	2.22	2.60	2.25	1.6	1.92	1.92	2.81

Table II (continued)

Services Received by Original FRC Clients
Dispersed by Grade Level and Category of Need

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Tot
Percent of Services Received by Grade (n=100)														
Academic	3	12	15	9	9	4	2	14	8	6	9	5	4	18
Attendance	0	13	13	8	8	5	5	11	11	13	3	8	2	6
Basic Need	7	13	10	17	10	5	2	2	9	9	2	7	7	9
Beh/Discip	3	10	12	12	11	10	10	14	8	6	3	0	1	13
Phys Hlth	5	10	14	14	7	2	5	5	7	19	5	0	7	7
Emot Hlth	5	11	10	10	8	8	10	10	10	7	5	2	4	16
Fam Issues	4	12	9	8	9	9	7	12	8	8	3	5	5	18
Chem Abuse	0	8	3	11	3	3	3	19	16	16	5	8	5	6
Crisis	4	8	2	12	8	4	4	6	12	23	8	6	2	8
Overall %														
Utilized	4	11	10	11	9	6	6	11	9	10	5	4	4	100
by Grade														

Appendix B presents the Participant Survey in full.

Reference should be made to that document to clarify reader questions regarding response format. The following text represents results data question by question. (N=49)

Question #1: Why did you first come to the Family Resource Center?

For 65% of the interviewed participants in FRC services, family issues was the reason for referral. Twenty-four percent came because of basic need issues (ie: food, clothing, housing, financial assist); 22% were experiencing academic difficulties and 12% needed assistance with student attendance issues.

Question #2: If you came for a service, was the service for yourself or a student in the Coolidge schools?

All 49 respondents came initially because of student related issues but 23 of the adults indicated a joint commitment to receiving service for themselves. That number represents 47% of the student families referred.

Question #3: If the service was for a student, was that student a son/daughter, relative, or other youth in your custody?

All services sought for this set of respondents were for daughters, sons, grandsons, and one nephew in custody.

Question #4: If not, please describe the relationship.

There were no responses to this question.

Question #5: How satisfied were you with your first contact with the Family Resource Center?

Sixty-nine percent were very satisfied with their first contact and 31% were somewhat satisfied.

Question #6: Did you or members of your family end up participating in services or activities as a result of your contact with the Family Resource Center?

Fifty-five percent indicated that they participated themselves and 59% reported that family members got involved in services at some point.

Question #7: If your first contact did not result in service, why not?

One narrative response only:

"A personal tutor was needed at that time and one was not available."

Question #8: Have you had occasion to participate in FRC activities or services since the first year?

Ninety-six percent of the respondents said yes. Four percent indicated they had not.

Question #9: How satisfied are you with your experience in the FRC?

Responses were requested on a scale of one to four targeting answers to the facility, staff, programs, and/or services.

Eighty-six percent of those surveyed were very satisfied with the facility; fourteen percent were somewhat satisfied. Eighty-seven percent were very satisfied with the services and thirteen percent were somewhat satisfied. One hundred percent of the respondents were very satisfied with the staff and one hundred percent were very satisfied with the programs offered.

Question #10: If you have had occasion to use any of the following FRC services or programs, would you please rate them on their usefulness to you or your family member(s)?

Ratings were dispersed over a four-point scale: (4) Very, (3) Some, (2) Not Very, (1) Not at All. No responses were made to rating (2) on any items. Table III represents the distribution of ratings and percentage of usefulness to the respondents. (N=49)

Table III

Usefulness Ratings and Percentages for
Thirty-Six FRC Programs and Services as
Reported by Original 1988 Participants

Ratings	Very (4)		Somewhat (3)		Not Very (2)		Not at All (1)	
Number of Responses Made and Percent of Participants								
	(4)	%	(3)	%	(2)	%	(1)	%
Alfy's Club	12	24%	0	0%	0		16	33%
Attendance Support	11	22%	7	14%	0		10	20%
Big Bro/Big Sis	0	0%	6	12%	0		10	20%
Camp Referral	6	12%	0	0%	0		10	20%
Christmas Bundles	25	51%	0	0%	0		10	20%
Clothing/Household	22	45%	7	14%	0		10	20%
Community Service	28	55%	7	14%	0		10	20%
Counseling	33	67%	7	14%	0		0	0%
DES Referral	7	14%	7	14%	0		10	20%
Employment Assist	18	37%	0	0%	0		10	20%
English for Adults	7	14%	0	0%	0		10	20%
Eyeglass Referral	6	12%	0	0%	0		10	20%
Financial Assist	0	0%	6	12%	0		17	35%
4-H	15	31%	0	0%	0		11	22%
Follow-Up Services	22	45%	7	14%	0		0	0%
Friendship	39	80%	0	0%	0		0	0%
Food Referral	11	22%	7	14%	0		10	20%
Health Referral	10	20%	0	0%	0		10	20%
Housing Referral	6	12%	0	0%	0		16	33%
Job Corps Referral	6	12%	0	0%	0		10	20%
JTPA Assist	6	12%	0	0%	0		10	20%
Independ. Live Skill	12	24%	0	0%	0		10	20%
Information	31	63%	0	0%	0		0	0%
Legal Svc. Referral	13	27%	0	0%	0		10	20%
Parent Support	23	47%	0	0%	0		5	10%
Peer Leadership	25	51%	0	0%	0		0	0%
Pre-GED Preparation	7	14%	0	0%	0		10	20%
Problem Solving	25	51%	0	0%	0		5	10%
School Re-Entry	6	12%	0	0%	0		10	20%
Summer Adult	12	24%	0	0%	0		16	33%
Summer Youth	5	12%	7	14%	0		16	33%
Support Groups	11	22%	0	0%	0		5	10%
Teen Parent Support	16	33%	0	0%	0		6	12%
Transportation	13	27%	7	14%	0		10	20%
Tutoring	12	24%	0	0%	0		10	20%
Volunteering	27	55%	0	0%	0		10	20%

Question #11: Below is a list of possible benefits you may or may not have received from participating in Family Resource Center services or activities. Would you please rate them on how much of a benefit they were to you or your family member.

Ratings were dispersed over a four--point scale: (4) Very Much of a Benefit, (3) Somewhat of a Benefit, (2) Not Very Much of a Benefit, (1) Not at All a Benefit. Table IV represents the distribution of ratings and percentages of benefit to the respondents reporting. (N=49)

Table IV

FRC Program And Service Benefit Indices
And Percentages As Reported By Original 1988
Participants

Ratings	Very Much a Benefit (4)		Somewhat A Benefit (3)		Not Much of a Benefit (2)		Not at All a Benefit (1)	
Number of Responses Made and Percent of Participants								
	(4)	%	(3)	%	(2)	%	(1)	%
Learned New Skill	17	35%	0	0%	0	0%	17	35%
Got Information	43	88%	0	0%	7	0%	0	0%
Activities for Kids	21	43%	7	14%	0	14%	10	20%
Central Place for Help	43	88%	0	0%	0	0%	7	14%
Help With Problems	43	88%	7	14%	0	0%	0	0%
Personal Recognition	31	63%	0	0%	0	0%	12	24%
Helped Others	32	65%	0	0%	0	0%	12	24%
Someone to Talk To	34	69%	7	14%	0	0%	5	10%
Free Services	49	100%	0	0%	0	0%	0	0%
Emergency Services	34	69%	0	0%	0	0%	10	20%
New Friends	32	65%	7	14%	0	0%	5	10%
Positive Reinforcement	37	76%	0	0%	0	0%	7	14%
Safe Place to Go	38	78%	0	0%	0	0%	12	24%
Family Feeling	32	65%	0	0%	7	14%	5	10%
Leadership Skills Dev.	27	55%	6	12%	0	0%	7	14%
Referrals	23	47%	0	0%	7	14%	10	20%
Free Tutoring	28	57%	0	0%	0	0%	17	35%
Learned English	17	35%	6	12%	0	0%	17	35%
Fun	33	67%	0	0%	0	0%	7	14%
Support For Change	33	67%	0	0%	0	0%	7	14%

Question #12: About how often would you say you have had the occasion to use Family Resource Center services?

Twenty-two and a half percent of the respondents answered "yearly" to this question. Eighty-seven percent responded that they use the Center monthly; forty-seven percent use it periodically and there were no "not at all" responses.

Question #13: Please rate the FRC on it's overall service to the community and it's clients.

Respondents indicated the value of the center to be 86% "very valuable" and 14% "valuable". There were no responses to the "no value" or "no opinion" options.

Question #14: If you had the need to locate services for a friend, would you call the Family Resource Center?

One hundred percent of the respondents answered "yes" to this question. There were no responses to the "maybe", "no", or "I don't know" options.

Question #15: If you had to select the most important impact that the Family Resource Center has had on you or a family member, what would that be?

Qualitative responses given were the following:

- "the services"
- "They're always there"
- "They just helped us"
- "very friendly staff"
- "I feel free to call any time"
- "I can come in any time for help"
- "It's just like home"
- "made new friends"
- "got support when I needed it most"
- "The family feeling"
- "my own personal growth"
- "helped me stand on my own two feet"
- "helped me to do what is right"

Question #16: If you had to select the most important service that the FRC has available, what would that be?

For adults, qualitative responses included:
 clothing bank
 everything

tutoring
just to be there
counseling
resources
parent support and mom/daughter groups

For students, qualitative responses included:

clothing bank
everything
tutoring
4-H
counseling
resources
getting off street
getting away from drugs and gangs

Question #17: Tell us, if you can, how your attitudes toward anything may have changed as a result of contact with the FRC, its activities, programs or staff.

Single respondent answers included:

"not afraid to make decisions anymore"
"not lonely any more"
"I have a better outlook on people"

Ten percent of the respondents answered in one of the following ways:

"they've helped me see things the way they are"
"they've taught me how to accept some things"
"they've shown me how to change things if possible"

Twenty percent commented:

"I have a better attitude"

Twenty-two percent added:

"I think positive now"

And, thirty-five percent of the respondents made one of the following comments:

"I found friends", or
"I made new friendships"

Question #18: Tell us, if you can, how your behavior or the choices you have made (over the last five years) may have been influenced by your contact with the Family Resource Center, its activities, programs, or staff.

Qualitative responses included:

--helped with parenting. I think of things for the kids to do now."

"I involve kids in programs now to keep them off the street."

"I got my GED"

"My English skill has improved"

"I've learned about responsibility."

"My choice making is better"

"I know I can be who I am and its ok"

"I know we can make it now"

"I can express myself better"

"I know the Center is here for me--and the community"

"I have a more positive attitude now"

"I'm happier"

Question #19: Is there anything we have not asked that you would like us to know about your feelings towards the Family Resource Center or the services offered there?

Quote #1: "I feel that every school should have a FRC and they should be well supported. If you want to make a difference with people learning and getting along and working out so many things, I feel the FRC is not just a good start to great things. I feel it could be the answer."

Quote #2: "I know there are other Centers in schools now and I hope so because there are a lot of other people like me that need help."

Quote #3: "Wonderful program."

Quote #4: "Wonderful program. Would hurt the community if a program like this didn't exist."

Quote #5: "I am very satisfied and happy with the Center and all its staff."

Quote #6: "I would like to have an English tutor every day to learn more English."

Quote #7: "Everything's ok with me."

Quote #8: "Commitment and dedication to helping people help themselves."

1988 Service Provider Response

The Service Provider Survey revealed information related to service affiliation, delivery, satisfaction indices, system advantage from collaboration, disadvantages to sharing client service, FRC contributions to the service delivery network and actual examples of system change over the five year service history.

Twenty-two responses were received out of the forty-one providers targeted. Eleven (or 50%) came from each category of provider: community agency or school district personnel. Eight were in-center providers of service. Fourteen were primarily out-of-center service facilitators.

Respondents represented the following constituencies:

School District:

- (2) Principals
- (6) Teachers
- (2) Support Staff
- (1) Nurse

Agencies:

- (2) Department of Economic Security
 - (1) ACYF Supervisor/County
 - (1) Independent Living Counselor
- (2) Health Department
 - (1) County Director
 - (1) WIC Provider

- (1) County Alternative Education Program
- (1) RSVP (Retired Senior Volunteer Program)
- (3) Behavioral Health Providers
 - (1) Counselor
 - (1) Community Liaison
 - (1) Group Facilitator
- (2) Community Volunteers
 - (1) K-6 Tutor/Mentor
 - (1) 9-12 Tutor/Mentor

All surveys received were completed by the provider. No oral interviews were administered to this population. Appendix C presents the Service Provider Survey in full. Reference should be made to that document to clarify reader questions regarding response format. The following text represents results data question by question. (N=22)

Question #1: Under what circumstance did you or your agency/group become involved with the Family Resource Center in 1988?

Seven respondents answered with individual role perspectives from within three agencies. For purpose of this question, n was considered to be 18 as those agencies were counted as one for point of initial involvement.

Responses fall into the following categories:

-Individual was part of original prevention partnership	22%
-Referred clients	17%
-Mentored/tutored some clients	22%
-Served as Group Facilitator	11%
-Provided counseling	6%
-FRC helped develop my program	5.5%
-I first had a child referred as a client	5.5%
-Wanted to help/volunteered	11%

Question #2: Please identify your role in 1988 with the FRC?

Although some individuals indicated multiple roles, population descriptors presented at the beginning of the Service Provider Results section depict with accuracy initial service roles. Large categories of services those first four months of 1988 were:

Client Mentor:	42%
Group Facilitators:	16%
Tutors:	11%
Volunteer (General):	41%

Question #3: Are you or your agency still involved in FRC activities/programs/services? (N=22)

All respondents appeared to answer for themselves and not their agencies. Eighty-two percent said "yes"; one gave no answer; one is no longer in the area; one indicated their program had been eliminated; and one was unable because of spouse illness.

Question #4: Has your category of service changed over the years?

Thirty-two percent answered yes with sixty-eight percent indicating their role had not changed after five years.

Question #5: Reasons given for positive responses to Question #4 were as follows:

- Personal circumstances have changed; child out of service; changed agencies; job description has changed; different hours available; my program was eliminated
- FRC services have expanded so much that I can participate more (ie. refer more and different clients); interface more staff with different facets of programs

Question #6: To date, how satisfied are you with the Family Resource Center?

Respondents were asked to rate their satisfaction levels between a four-point scale: (4) Very Satisfied, (3) Satisfied, (2) Neither Satisfied nor Dissatisfied, and (1) Dissatisfied. (N=22)

Table V presents satisfaction level percentages as reflected upon by respondents over the five years of association.

Table V

Service Provider Satisfaction Level Percentages
As Related To Five Year FRC Affiliation

Ratings	Very Satisfied (4)	Satisfied (3)	Neither Satisfied or Dissatisfied (2)	Dissatisfied (1)
Percentage of Ratings (N=22)				
	(4)%	(3)%	(2)%	(1)%
Service to Clients	64%	32%	4%	0%
Variety of Service	68%	27%	5%	0%
Credibility	64%	27%	0%	0%
Respect for Confidentiality	68%	27%	0%	0%
Promptness	68%	23%	9%	0%
Courteousness	86%	9%	0%	0%
Knowledge of Resources	68%	27%	0%	0%
Problem Solving Ability	59%	23%	18%	0%
Creative Programming	73%	23%	0%	0%
Collaborative Skill	68%	27%	5%	0%
Advocacy (Kids/Families)	82%	18%	0%	0%
Follow-Up/Call-Backs	45%	50%	5%	0%
Accessibility	68%	32%	0%	5%*
Collegial Support	53%	47%	0%	0%
Resource Development	60%	40%	0%	0%
Center Atmosphere	63%	37%	0%	0%
Community Involvement	64%	32%	4%	0%
# of Referrals	53%	47%	0%	0%
Personnel/Staff	82%	18%	0%	0%

*Multiple Responses (phones)

Question #7: Please comment on any advantages you may see for service providers to collaborate with the FRC on the delivery of services to clients in the Coolidge area.

Qualitative comments from the service providers included the following collaborative advantages noted:

"ensures service delivery to clients"
"prevents duplication of service"

"coordination"
 "confidentiality and credibility"
 "knowledge of contacts/resources"
 "ability to see other linkages possible"
 "kids at school are more apt to get service"
 "kids do not miss school time"
 "FRC can monitor foster children in school"
 "FRC is a source of referral to us"
 "FRC provides early collaboration and problem prevention"
 "information dissemination"
 "accessibility and ease of use"
 "comfortable environment for service delivery"
 "FRC brings no identified "baggage" to the service arena"
 "Encourages creative alternative solutions"
 "Vital link"
 "Outstationed services"
 "Centralized service delivery"
 "Knowledgeable staff"
 "Service delivery integration for families"
 "family focus"
 "Service organizations can be proactive because FRC has such a broad information base on clients and resources"
 "flexible, extended hours of service"

Question #8: Please comment on the disadvantages or difficulties the FRC has posed for service providers.

Qualitative responses included:

"More space would be nice"
 "More follow-up needed"
 "Needs outweigh resources-but not FRC problem"
 "lack of funding is detrimental to staffing and resource development"
 "student pull-outs created some difficulty in student flow and class absence"
 "seems to be crisis oriented" (short-term)
 "Center very Bonnie-oriented"
 "if a service is once alienated, it is out forever"
 "lack of privacy for large groups"
 "service providers are held more accountable for services delivered because FRC follows-up and because FRC has educated community members on what services are available"

Question #9: Systems have had to change in order to incorporate the FRC's client driven focus into the service

delivery system. Can you identify changes within your agency/organization directly attributable to the presence of the FRC since 1988?

Qualitative responses included:

- A) Stimulated Health Department to be where clients are-to break away as many barriers to service as possible.
- B) For DES, it has required staff time which has been offset by services provided by FRC staff (who have assisted us).
- C) School Teacher: Class time had to be worked into services and vice versa.
- D) Behavioral Health: Outstationing of counselors.
- E) Independent Living Contractor: Resource supplement for students (sharing the load-not available before).
- F) School Administrator: 1) Necessitated closer working relationship of school personnel with FRC and outside providers. 2) Demanded greater awareness of what resources were available.
- G) School Support Staff: Forces collaboration/cooperation especially for promptness of service in emergencies.
- H) County Health Department: Sparked the development of the teen parent program.
- I) Teachers: 1) The Coolidge District now addresses students social/emotional and physical needs. Not so, prior to FRC. 2) School personnel now have a better awareness of reality regarding how Coolidge District children (students) are being raised. 3) Holistic focus of FRC empowers me to help my students instead of feeling helpless. 4) Teachers now more aware of services and how to access them for their students.
- J) School Administrator: 1) Immediate attention to referrals for counseling-made available. 2) Immediate help for basic need issues-made available.

Question #10: From you/your agency-or organization's perspective, what is the most significant contribution the presence of the Family Resource Center has made to the Coolidge community and its clients?

Narrative comments offered regarding the significant contributions included the following:

- stable place for anyone to go for help or advice
- adult education re: parenting
- connecting human beings to caring agencies and people who are able to assist
- a clearinghouse for services
- free counseling
- great programs and assistance the community wouldn't get elsewhere
- referrals/follow-up/counseling
- credibility of FRC: families trust the center staff
- centralized activity/center for nearly all social service from meeting of staff to 4-H
- additional resources for the community
- strives to meet real needs of community residents
- crisis intervention: immediate help for school personnel without doing lots of calling when needed
- gets clients to service providers and vice versa
- low income families find immediate assistance
- children after school programs
- to the family unit: the FRC is there consistently with on-going programs and staff
- it is a sanctuary for those in need to come and have someone care about them
- there is always someone and someplace people can turn to for help-with a variety of services available (ie. parent training, fun, learning activities, counseling, etc.)
- a place for children to get help with homework and one on one attention-they might not get at home
- being first line of service for students needs and referrals for service
- key to immediate referral and help
- community service opportunity for students to learn first hand problems of our community
- services are brokered in a professional and caring way

Question #11: What changes could you suggest to improve Family Resource Center operation?

Qualitative responses included:

- "more room-so much goes on in that small area"
- "larger staff"
- "get word out to community"
- "teach shopping/consumer skills"
- "go out into community-not just classes at the Center"
- "develop a mentor program to pair a teen parent with a successful member of the same race"

"no way to improve the caring and professional way
 services are brokered"
 "nothing-they are always ahead and ready for a
 challenge-a good group-work as a team should"
 "try to assist getting more counselors for the school"
 "FRC needs a bilingual person to speak and understand
 Spanish culture"
 "new furniture and lighting"
 "better coffee machine"
 "(2) more phone lines"
 "funding"
 "more privacy for staff-it's a noisy place"
 "get another person to help manage large number of
 clients"
 "need private space to decrease sense of chaos"
 "provide information to all staff/faculty members on
 what is available and what they can do to help-perhaps
 semi-annual update to keep everyone abreast of great
 job you are doing"

Discussion

As a result of analyzing each file of original
 September-December 1988 FRC clients (for the purpose of
 developing baseline data), a system for documenting services
 received "fell" into place. Historical tracking and
 recapturing of information lent itself to the creation of an
 "Action Log" as a face sheet for each file. That "Log"
 simply states (from beginning to end) actions requested and
 taken on behalf of the client. That system is in place
 currently, is being maintained on all original clients and
 has been constructed for all subsequent clients as well.
 The implementation of this procedure alone facilitates case
 management and future data gathering needs immensely.

Appendix A represents the instrument configured to
 delineate services brokered by The Family Resource Center on

behalf of each client over a five-year period (1988-1993). While the tracing of each client's service history proved difficult (because of inadequate case management staffing for client volume over the years), nevertheless creating the instrument as a procedural piece of the data system has proven to be a clarifying step in the documentation process. Much information had been committed to memory by original staff but had not been thoroughly recorded on paper. Accumulating initial baseline data required the development of that paper trail. Client files, as a result, now read more clearly. Additionally, the objective "new" reader can glean a concise service history quite quickly because that instrument is in place. Case management transitioning between staff in the event of turnover has been facilitated greatly by the establishment of these service history records. Furthermore the system, now in place, is being utilized for all clients regardless of the initial year of service commencement.

The third outcome targeted for this practicum related to a cumulative documentation of target population data to record some of the "who, what, where, when, and why" questions of FRC service delivery.

Some information came from an examination of the original 225 client files. As presented in the Results section of this Chapter, a surface comparison of "who" was

referred for help (by school personnel) during those first few months of FRC operation, indicates a similarity between district ethnic composition and FRC client composition: Anglo 40:43; Hispanic 35:28; Native America 15:14; and African-American 10:15. Closer consideration, however, reveals that, at that time (September-December 1988) Anglo students were referred for help 1.1 times as often as the Anglo district ethnicity population percentage. Hispanics were referred at a rate of 80% of their population potential; Native Americans were referred at a rate of 90% of their potential; and African-American students were referred for services at a rate of 1.5 times their district population percentage. Even closer study of the client referrals by grade level revealed a precise picture of who was "perceived" as needing FRC help at the different stages of school experience (K-12).

The last column of Table I entitled "Client Percentage of District Ethnicity" illuminates for the reader the frequency of referral, (based on the District's ethnic population percentage), of each ethnic group at each grade level. Figure 1 visually translates that data into a line graph comparison of referral pattern.

What seems to be apparent about "who" was referred those first few months includes the following:

Anglo students were referred at a rate greater than 100% of the district Anglo population percentage at nine of the thirteen grade level possibilities: K, 3, 4, 5, 7, 8, 9, 10, and 12.

African-American students were referred at a rate greater than 100% of the district African-American population percentage also at nine of the thirteen grade level possibilities: 1, 2, 3, 4, 6, 7, 8, 9, and 12.

Hispanic students were referred at a rate greater than 100% of the district Hispanic population at only three of the grade level possibilities: K, 1, and 11.

Native American students were referred at a rate greater than 100% of the district Native American population at only four of the thirteen grade level possibilities: 2, 5, 6, and 7.

All referrals were made by Anglo Administrators with one African-American Vice Principal exception occurring at the Junior High Level.

The only criteria given to those Administrators for referral (by the "then"-FRC Director and the "now" practicum author) was "demonstrated failure to thrive" within the school environment.

Several things appear relevant for discussion from Figure 1's graphic presentation of ethnic referral patterns.

Definite referral "peak" times appear for each ethnicity. For Anglos, grade 10 shows a referral rate of 200%, or two times the District Anglo population percentage. African-Americans were referred at a 400% rate, or four times the District African-American population percentage, in grade 3. Hispanic referrals peaked at 137%, or 1.37 times the District Hispanic population percentage at grade 1. And, peak referral time for Native American students was 260% (or 2.6 times the District Native American population percentage) at grade 6.

It would appear that if students were referred for help at a rate consistent with the ethnic population composition, and if a horizontal line were drawn on Figure 1 at that 100% composition point across the graph intersecting all referral pattern lines, all patterns should cluster approximately around that 100% line or be above that point. In Figure 1, Native American and Hispanic referrals consistently fall below the 100% line. Anglo and African-American referrals, while they rise and fall, show consistent concentration above the 100% line. One certainly is tempted to speculate on the meaning of the vastly different referral patterns for each ethnicity. Perception of need, of course, varies with the referring source; grade level expectations and transition periods emphasize student deficiencies more at certain times; language acquisition skills differ among

ethnic groups; amount and kind of school-parental involvement; and the power base behind the advocacy for the child all contribute to the identification of a student for help and the consistency with which that student is monitored within the system.

While the purpose for this practicum was not to prove anything, the process of identifying baseline client data certainly has raised questions regarding who was provided access initially to the FRC "help system" and who was not.

Grade composition broke out at 48% male and 52% female with 29% of the referrals coming from K-3; 17% from grades 4-6; 23% from Junior High; and 31% came from grades 9-12. Table I presents the referral numbers by grade level. Referrals appeared to be reasonably evenly distributed across grades with grades 4-6 representing the lowest average percent per total client population per grade at 5.6. The Junior High commanded the most attention by referring an average of 11.5% of the total client percentage from each grade. K-3 referred 7.25% of the total population per grade. This referral pattern would appear to be consistent with high and low times for student maturational differences.

Aside from the demographic information revealed (by completing the service history records on the 225 original clients), much service delivery data became apparent. A

total of 634 services were provided by the Family Resource Center in the first four months of operation and 31% of the original clients, or family members thereof, are still in service. Table II outlines the distribution of services by grade level throughout the nine service category need areas. Grades 1, 7, and 3 were the highest total service users while grades 3, K, 4, and 5 showed the highest number of services per client. The client average number of services for grade 3 was five while K, 4, and 5 demanded an average of four services each. Younger children appeared to be referred with a wider range of service needs while upper grade students were referred with more specific need issues. Overall, however, the highest percentage of service use by grade were Grades 1, 2, 3, 4, 7, 8, and 9 demanding 73% of the service delivery system time and energy. This would appear to support a need for generalized services to be available for those grade levels stated. K, 5 and 9 add an additional 14% for a total of service energy equalling 87% for the K-9 grade range. While some skeptics of school-based Family Resource Centers admit that the little grades may need "warm, fuzzy programs", rarely are they advocated by educators for Junior and Senior High School students. If indeed 87% of all FRC services were concentrated on grades K-9, the demonstrated need would appear to challenge that educational posture.

Data reflecting types of service need by grade level help to illustrate supports requested for students. Table II presents that data. A look at peak times of support intervention revealed the following grade concentrations:

For academic supports, grades 1, 2, and 7 were peak concern times. (41% of total.)

Attendance issues loomed for grades 1, 2, and 9, commanding 39% of total.

Basic need issues were prime for students in grades 1 and 3. (27%)

Behavior and discipline issues (within the school environment) were key for grades 2, 3, and 7, commanding 38%.

Physical health concerns concentrated in grades 2, 3, and 9. (47%)

Emotional health issues more generally affected grades 1, 2, 3, 6, 7, and 8. (61% of category services.)

Family issues (usually associated with relationship problems) peaked for 1st and 7th graders, commanding 24% of all service.

Chemical use issues were particularly of concern for grades 3, 7, 8, and 9 (demanding 62% of this category of service energy).

And, crisis issues loomed most severely for 3rd, 8th, and 9th grade students demanding 47% of the service energy available.

Clearly the greatest service category needs proved to be academic supports, school behavior and discipline, emotional health, and family issues. Those total percentage service category results are visible in Table II. However, when one looks at the percentage of service type demanded by and concentrated within specific grade levels, it gives pause to speculation regarding placement of service energies. For example, if academic/attendance issues are indeed clustered at grades 1, 2, 7, and 9 - then perhaps additional program supports should target those key educational transition times in students lives.

Furthermore, if chemical use issues loom as critical for grades 3, 7, 8, and 9, then program planning and supports need to target that population specifically.

While much follow-up is needed to verify these service pattern trends, this information provides valuable baseline data for FRC staff to utilize in future program planning.

The third outcome of this practicum (documentation of target population baseline data), necessitated the gathering of longitudinal service/perceptual information of qualitative and quantitative nature. Available clients were surveyed and the Results portions of this chapter presented that data. However, some discussion points need further illumination.

Participant Survey questions #1-8 revealed several significant informational additions:

Reasons for initial involvement correspond to the categories of service needs discussed in Table II. However, unlike the paper-record reason for referral (which constituted only 18% clients), family issues were cited by 65% of the respondents as the reason for initial FRC contact. This may have had something to do with "how" respondents defined family issues but more than likely, since 47% of the family members got involved with services at the point of student referral (See Question #2 responses), respondents considered the student's issues to be "family" in nature and thus cited family issues as the cause of initial involvement. This, coupled with statements in Question #6-Results which cite 59% other-family-member involvement, appears to validate a possibility that FRC services do indeed become a "family affair" and extend far beyond the original reason for commencement of service. Add to this information the percentage of family individuals who have had occasion to continue involvement with the FRC beyond those first four months (96%), and we find what appears to be a relatively pervasive system in place for interacting with, interfacing with, and re-connecting with multiple human lives over long periods of time.

Question #9 Results were exceedingly polite with satisfaction ranges from 86-100% on facility, services, staff, and programs. Further illumination is gleaned from the ratings to Question #10. The usefulness ratings were from "very" to "not at all" and the top seven most useful FRC services and/or programs broke out as follows in Table III:

#1	Friendship	80%
#2	Counseling	67%
#3	Information	63%
#4	Community Service	55%
	Volunteering	55%
#5	Christmas Bundles	51%
	Peer Leadership	51%
	Problem Solving	51%
#6	Parent Support	47%
#7	Clothing/Household	45%
	Follow-Up (Client)	45%

Of all the thirty-six specific programs and services listed, it appears significant that overwhelmingly noted as most useful were the "human-connection" services-services that put people in touch with people for, very often, intangible "support" reasons. It will be remembered in Chapter IV that the Dryfoos Study of one hundred programs was referenced. The two themes discovered by Dryfoos as consistently making a difference in peoples' lives were: (1) "the need for individual attention"-and (2) "the importance of multicomponent, multiagency community-wide programs" (p. 631). The responses to Question #10 on the Participant Survey seem to indicate support for the Dryfoos claim.

In Question #11 (Table IV) respondents were asked to rate the benefit received from a list of twenty services. Ratings could range from "very much of a benefit" to "not at all a benefit". The top services rated very much a benefit were:

#1	Free Services	100%
#2	Information	88%
	Central Place to Get Help	88%
	Help with Problems	88%
#3	Had a Safe Place To Go	78%
#4	Positive Reinforcement	76%
#5	Found Someone to Talk To	69%
	Got Help with Emergency Needs	69%
#6	Had Fun	67%
	Got Support I Needed for Change	67%
#7	Got Satisfaction from Helping Others	65%
	Made New Friends	65%
	Experienced a "Family Feeling"	65%
#8	Got Personal Recognition	63%

Once again, services rated as "very much a benefit" seem to fall within the "human connection" range of individual attention needs referred to by Dryfoos in her study.

From the responses received on Question #11, it would appear that the FRC is not viewed by participants as a specific skills provider. 35% of the respondents reported that learning new skills, "got free tutoring" and "learning English" was of no benefit at all to them.

Overall respondents indicated 87% ongoing utilization of the FRC, gave an 86% "very valuable" rating on the FRC's

service to clients and community and 100% indicated a readiness to refer friends to the FRC for services.

Qualitative responses on Questions #15-19 were very humbling to read. All comments spoke to affective change, life skills development, parenting enhancement, elevated self-worth, and an increased sense of social connectedness. These voluntary "write-in" comments epitomize original goals for FRC operation and appear to be consistent with the baseline data documented as part of this practicum effort. It would appear that things are indeed "happening" at the FRC and clients like it that way.

The Service Provider Survey was an attempt to verify services provided by the FRC during that first four months of operation. It also attempted to gather insight relative to systems change impact the FRC may have contributed to the overall scheme of delivery system dynamics. Additionally, some corroboration was hoped for to demonstrate compliance with the eight elements of successful programs as documented by Schorr (1988). It will be remembered that Schorr studied programs across the United States in an effort to document "what works" in the fight to turn around negative outcomes for disconnected youth.

Service provider response represented an acceptable cross-section of the service provider community. Law

enforcement was not represented due to staff turnover but otherwise all major providers were represented.

Initial involvement with the FRC centered around being a member of the original prevention partnership (22%), to referring, mentoring, or serving the same client (39%). Multiple roles for providers was not unusual initially and have continued to expand or diversify as FRC, agency role, and individual job descriptions have grown and changed over the years.

Table V presented the satisfaction levels experienced by providers with FRC services over the five years.

Courteousness rated #1 with 86% satisfaction.

Advocacy for Clients and Satisfaction with Personnel and Staff rated #2 with 82% of the service providers indicated being very satisfied.

Creative Programming came in #3 as a very satisfying feature of the FRC with 73% reporting.

Six characteristics of FRC operation came in tied for fourth place in satisfaction ratings of 68%: Variety of Service, Respect for Confidentiality, Promptness, Knowledge of Resources, Collaborative Skill, and Accessibility.

The one area with less than 50% of the providers indicating a "very satisfied" rating was in Follow-ups and Call-backs at 45%. While not excusable, with a professional case management staff of one and one secretary, this rating

is at least understandable with an over 3,000 client caseload.

Question #7-Results presents all qualitative comments made regarding the advantages of FRC collaboration on service delivery to clients. It is here that information becomes apparent to support the "why FRC works" questions. Consistent with Schorr's eight elements of successful programs (1988), we find service providers testifying to the value of (1) a broad spectrum of services; (2) flexible program structure; (3) an holistic family focus; (4) capable, knowledgeable, credible, sensitive staff; (5) comprehensive, accessible, user-friendly services; (6) service integration for families; (7) flexible, extended hours of service; and (8) outstationed service providers.

Question #8-Results presented some of the difficulties the FRC has posed for providers. The responses seem to clearly speak to enhanced focus on need with no staffing or resources to alleviate the problem. Service providers were said to be held more accountable for services delivered because of the FRC client advocacy efforts and yet the providers did not have staff or money to adequately resolve the service deficit.

Additionally, more privacy and space was deemed desirable for outstationed providers and group meetings.

Single comments seemed to speak to the personal influence that the Director has over the Center operation, perhaps not always to the liking of the service provider.

The one comment related to being crisis-oriented appears unfounded. It will be remembered from Table II that crisis services reflect only 8% of total FRC effort, according to documented service histories. The provider may, however, be referring to the fact that the FRC is flexible enough to deal immediately with crisis (or emergency need)-unlike slower, more bureaucratic, enmeshed systems.

Question #9-Results presented examples of systems change within agencies as a direct result of FRC presence.

Question #9-Result revealed, to the credit of the FRC it would appear, that the following systems changes have taken place or been facilitated by the FRC's presence in the human service delivery system network over the past five years:

Health services have been challenged to be where the clients are and to participate in creative programming to initiate new services where needed.

Department of Economic Security services have had to become more collaborative as case management was shared on same clients.

Behavioral Health agencies have had to accept "outstationed services" as a way of doing business at the FRC.

School Administration has had to increase its cooperation with outside providers; reconsider the holistic needs of students and families; rethink classroom procedure to allow for on-campus services and relearn resources available to support them in their work with students.

Coupled with Question #10-Results it would indeed appear that all data identified during the course of this practicum effort supports the belief that the FRC is meeting its clients' needs; is a significant team player in the service provider community; does indeed provide services not found elsewhere; has stimulated significant systems change for the benefit of client and community and has established itself as a trustworthy, credible, nurturing, multi-service center for the school and community within which it is located.

Responses to Question #11 speak to the need for more space, staff, and money which is typical for any human service effort at this time in history. More specific suggestions centered around the FRC "outstationing" services itself in the larger community; doing more public relations work to advise people of its merits; and giving some thought to offering additional specific services.

From all the data analyzed, it appears clear that some very good things are happening to people and systems as a result of the Family Resource Center effort. More study is warranted, outside the objectives of this Practicum effort, to identify the components of wellness, alluded to by Powell (1991) as they manifest themselves in FRC function. However, there does appear to be some evidence to suggest that the Family Resource Center, as implemented in this community, offers potential for serving as a component of a new social infrastructure to assist families, schools and community with the task of parenting the new generation. It is a new step in the progression of services from prevention to wellness. This practicum effort, developing baseline data to document the effectiveness of a rural, school-based FRC, is the beginning of greater study to follow. Since this practicum began, the FRC in question was selected nationally as one of ten exemplary programs. The Urban Institute returned in December 1993 to continue examining the FRC's impact on lives and systems. Furthermore, the Department of Education is contracting with a San Francisco firm to conduct a three year longitudinal study of Center functions. This baseline data will provide a start-line for both very sophisticated evaluation efforts.

More importantly, as staff and district personnel examine the findings of this effort, guidance will be

available for program planning. Administrators will have data to assess in terms of FRC value to the district and FRC staff will have more than a "gut-level" hunch about what works at what times for which clients. At the very least, the database assembled will be a source of pride for practitioners that made a dream happen in the middle of a southwestern desert.

Recommendations

The case management system now in place appears workable for the current staff level. Maintain it (i.e. Action Logs/Service Histories)! In the event of staff transition and turnover, the baseline data exists to continue service.

A follow-up look at current client composition would be interesting. After the first four months, self referral (not school referral) became the main route of access to FRC services. Word was out-it was a "snowball rolling downhill". When people are allowed to self-select "help", interesting comparisons could be made re: ethnicity, age-grade level, and service needs.

Examine graduation rates (8th and 12th grades) of Hispanic and Native American students. If school personnel only perceive them as needing help ("proportionately" to population) at three and four points along the educational continuum, one should explore that relationship to

successful completion of school if any. It should follow that if Anglos and African-Americans are over-represented in referral for help (i.e. referred at a rate greater than their population percentage), then certainly their successful completion of school (8th and 12th grades) should be facilitated.

Areas not examined, which may have contributed to the low referral rates for Hispanic and Native American students, are possibly confusions regarding culturally appropriate behavior and the perceived involvement or overlap of migrant and special education program supports. Since school personnel are predominantly Anglo, it is possible that cultural confusion exists regarding the relationship between ethnic behaviors manifesting, for example, respect, group competitions and obedience) and school performance. Staff simply may not perceive that the students need actual help. Assumptions might be being made that specific behaviors are just "normal" for the culture, not "in need of remediation". Some further study should be done in this area to clarify any confusions that do exist.

Furthermore, many students in this geographic area represent blends of Hispanic-Native American heritage in appearance as well as surname. It is possible that school personnel made assumptions that students of these ethnicities were already being "helped" by the district's

migrant special education support programs. Certainly a more extensive look at referrals to those programs would help to clarify which students, if any, "fell through the cracks" at initial entry points of the service delivery system.

Based on service category information obtained by grade level, closer examination of FRC programming is warranted to assure sufficient supports targeted for specific age groups. Results of this practicum should be studied and digested by current staff and advisors to keep FRC services responsive to current client need. Question #9-Results (Participant Survey) should be incorporated in this program planning to guarantee continuation of what appear to be "very" useful to clients. Remembering that specific programs rated lower overall than friendship, counselling, and information, steps must be taken to preserve the FRC environment which appears to be conducive to the delivery of these "soft" services. An area for further study could be the delineation of those environmental prerequisites. Responses to Question #11 gives further support to the notion that "soft" services do exist and need to be taken into account. It is, very possibly, those "soft" services that lend meaning to the client-FRC interaction and help to keep that relationship continuing over time.

And finally, further exploration is needed in the area of "prevention versus wellness" services. The FRC has the potential for stimulating the development of a community infrastructure for the support of children and families. That much appears clear from the information gathered during this Practicum. Much more information is needed, however, to even begin to understand how to transition prevention programming into wellness strategies. New paradigms in human service delivery are on the horizon. Wellness planning may indeed provide the next "window of opportunity" for this Family Resource Center model in its quest to build healthier communities for children and families.

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APPENDIX A
FRC 5-YEAR CLIENT SERVICE RECORD

NAME _____

File # _____

	'88-'89	'89-'90	'90-'91	'91-'92	'92-'93	
100 ACADEMIC						
200 ATTENDANCE						
300 BASIC NEEDS						
400 BEHAVIORAL/ DISCIPLINARY						
500 HEALTH/ PHYSICAL						
600 HEALTH/ MENTAL- EMOTIONAL						
700 FAMILY/ RELATION- SHIPS						
800 CHEMICAL ABUSE						
900 CRISIS						
			93			

Grade _____

APPENDIX B
1988 FRC PARTICIPANT SURVEY

Family Resource Center
1988 Participant Survey

Name: _____ Interviewer _____
Method of completing survey: Telephone _____;
Face-to-Face: _____; Mail Return _____
Date of Survey Completion: _____

Our records show that you first came to the Family Resource Center in 1988. We are trying to collect information on services used; things that helped; things that didn't work in an effort to better plan Family Resource Center services in the future. Please answer as many questions as possible. No names will ever be used with this information for any purpose. Thank you for your time.

1. Why did you first come to the Family Resource Center?
2. If you came for a service, was the service for yourself or a student in the Coolidge Schools?
3. If the service was for a student, was that student a son/daughter, relative, or other youth in your custody?
4. If not, please describe the relationship.
5. How satisfied were you with your first contact with the Family Resource Center?

Very	Somewhat	Not Very	Not at all
4	3	2	1
6. Did you or members of your family end up participating in services or activities as a result of your contact with the Family Resource Center?

Self	Family Member	No
------	---------------	----
7. If your first contact did not result in service, why not?
8. Have you had occasion to participate in Family Resource Center activities or services since the first year?
_____ Yes _____ No

9. How satisfied are you with your experience with the Family Resource Center?

	Very	Some	Not Very	Not at All
Facility	4	3	2	1
Staff	4	3	2	1
Programs	4	3	2	1
Services	4	3	2	1

10. If you have had occasion to use any of the following FRC services or programs, would you please rate them on their usefulness to you or your family member(s)

	Very (4)	Some (3)	Not Very (2)	Not at All (1)
Alfy's Club:	4	3	2	1
Attendance Support:	4	3	2	1
Big Brother/Big Sister:	4	3	2	1
Camp Referrals:	4	3	2	1
Christmas Bundle Program:	4	3	2	1
Clothing/Household Items:	4	3	2	1
Community Service:	4	3	2	1
Counselling:	4	3	2	1
DES Referrals:	4	3	2	1
Employment Assistance:	4	3	2	1
English Classes for Adults:	4	3	2	1
Eyeglass Referral:	4	3	2	1
Financial Assistance:	4	3	2	1
4-H Clubwork:	4	3	2	1
Follow-Up Services	4	3	2	1
Friendship:	4	3	2	1
Food/Referral:	4	3	2	1
Health Services/Referral:	4	3	2	1
Housing Referral:	4	3	2	1
Job Corps Referral:	4	3	2	1
JTPA Participant	4	3	2	1
Independent Living Skills:	4	3	2	1
Information:	4	3	2	1
Legal Service Referral:	4	3	2	1
Parent Support:	4	3	2	1
Peer leadership:	4	3	2	1
Pre-GED Preparation:	4	3	2	1
Problem-Solving Assistance	4	3	2	1
School Re-entry Assistance	4	3	2	1
Summer Program: Adult:	4	3	2	1
Summer Program: Youth:	4	3	2	1
Support Groups	4	3	2	1
Teen Parent Support:	4	3	2	1
Transportation Help:	4	3	2	1
Tutoring:	4	3	2	1
Volunteering:	4	3	2	1

11. Below is a list of possible benefits you may or may not have received from participating in Family Resource Center services or activities. Would you please rate them on how much of a benefit they were to you or your family member.

Very Much of a Benefit (4)	Somewhat of a Benefit (3)	Not Very Much of a Benefit (2)	Not at all a Benefit (1)
-------------------------------------	------------------------------------	---	--------------------------------

Learned new skills	4	3	2	1
Got information	4	3	2	1
Found activities for kids	4	3	2	1
Had a central place to get help	4	3	2	1
Got help with problems	4	3	2	1
Got personal recognition	4	3	2	1
Got satisfaction from helping others	4	3	2	1
Found someone to talk to	4	3	2	1
Got free services	4	3	2	1
Got help with emergency needs	4	3	2	1
Made new friends	4	3	2	1
Got positive reinforcement	4	3	2	1
Had a safe place to go to	4	3	2	1
Experienced a "family" feeling	4	3	2	1
Developed leadership abilities	4	3	2	1
Received a referral for other services	4	3	2	1
Got free tutoring	4	3	2	1
Learned English	4	3	2	1
Had fun	4	3	2	1
Got support I needed for change	4	3	2	1

12. About how often would you say you have had the occasion to use Family Resource Center services?
- | Yearly
(5) | Monthly
(4) | Weekly
(3) | Periodically
(2) | Not at All
(1) |
|---------------|----------------|---------------|---------------------|-------------------|
|---------------|----------------|---------------|---------------------|-------------------|

13. Please rate the Family Resource Center on its' overall service to the community and its' clients:
- | Very Valuable
(4) | Valuable
(3) | No Value
(2) | No Opinion
(1) |
|----------------------|-----------------|-----------------|-------------------|
|----------------------|-----------------|-----------------|-------------------|

14. If you had the need to locate services for a friend, would you call the Family Resource Center?
- | Yes
(4) | Maybe
(3) | No
(2) | I Don't Know
(1) |
|------------|--------------|-----------|---------------------|
|------------|--------------|-----------|---------------------|

15. If you had to select the most important impact that the Family Resource Center has had on you or a family member, what would that be?

16. If you had to select the most important service that the Family Resource Center has available, what would that be?

For Adults:

For Students:

17. Tell us, if you can, how your attitudes towards anything may have changed as a result of contact with the Family Resource Center, its activities, programs or staff.
18. Tell us, if you can, how your behavior or the choices you have made (over the last five years) may have been influenced by your contact with the Family Resource Center, its activities, programs or staff.
19. Is there anything we have not asked that you would like us to know about your feelings towards the Family Resource Center or the services offered there?

THANK YOU FOR YOUR TIME!

APPENDIX C
1988 SERVICE PROVIDER SURVEY

Service Providers
Family Resource Center
Coolidge, Arizona

SURVEY

Name _____ Interviewer _____
Agency/Organization/Service Group Name: _____
Method of Completing Survey: Telephone: _____ Mail Return _____
Face-to-Face Interview _____
Date of Survey Completion: _____

Our records show that you became a service provider to the Coolidge Family Resource Center in its first year of operation (1988). We are trying to collect information on services provided, used, developed; things that worked and didn't; problems encountered interfacing with the school; system/client change and recommendations for improvement .

Please answer as many questions as possible. No names will ever be used with this information for any purpose. Service Provider information will be listed categorically only in the summative document.

We appreciate your service to the prevention partnership and especially the Family Resource Center. This information will be used only in an attempt to understand better what has transpired over the years in our mutual endeavors and make adjustments and/or improvements for future service. Thank you for your time and effort.

Service Provider Categories

Behavioral Health - On Campus/Off Campus/School
Health Care - Direct Service/Administrative
Business Owner/Manager Representative
Religious Group/Representative/Alliance/Service
Media
Education (Pre-school,Public,Private,Vocational)
Law Enforcement/Judicial/Probation
Municipal Services
Utilities
Public Service Entities
Advisor (Family Resource Center/Alliance/Tapp)
Community Service-In Center
Community Group
Christmas Bundle Volunteer
Tutor/Youth Worker/4-H Leader
Adult Mentor
Donor (Finances/Other)

CONSIDER YOUR INVOLVEMENT WITH THE COOLIDGE FAMILY
RESOURCE CENTER

1. Under what circumstances did you or your agency/group become involved with the Family Resource Center in 1988?
2. Please identify your role in 1988 with the Family Resource Center. Check as many as appropriate:
Service Provider (In-Center) _____
Service Provider (Out-of-Center) _____
Service Category:
Behavioral Health _____
Health Services _____
Public Assistance _____
Law Enforcement _____
Job Related Services _____
Volunteer Services _____
Other (Please specify) _____
School District Employee _____
School District At-Risk _____
Team Member _____
Alternative School _____
CATCH Team _____
Peer Leadership _____
Teen Parent Support _____
Chemical Abuse Efforts _____
Counselor/Coordinator _____
Vocational Services _____
School Administrator _____
FRC Advisor _____
Coolidge Alliance Member _____
Support Group Leader _____
Adult Mentor _____
After-School Tutor/Teacher _____
Donor(Goods/Finances) _____
3. Are you or your agency still involved in Family Resource Center activities/programs/services?
YES _____ NO _____
4. Has your category of service changed over the years? _____NO _____YES _____
5. If yes, please explain: _____

6. To date, how satisfied are you with the Family Resource Center?

Very		Neither	
Satisfied	Satisfied	Satisfied or	Dissatisfied
(4)	(3)	(2)	(1)

Please rate the following in terms of your satisfaction with Family Resource Center performance in these activity areas:

Service to clients	4	3	2	1
Variety of Service Options	4	3	2	1
Credibility	4	3	2	1
Respect for Confidentiality	4	3	2	1
Promptness of Action	4	3	2	1
Courteousness of Service	4	3	2	1
Knowledge of Resources	4	3	2	1
Problem-Solving Ability	4	3	2	1
Creative Programming	4	3	2	1
Collaborative Skill	4	3	2	1
Advocacy for Children/Families	4	3	2	1
Follow-Up/Call-Backs	4	3	2	1
Accessibility	4	3	2	1
Collegial Support	4	3	2	1
Resource Development	4	3	2	1
Atmosphere of Center	4	3	2	1
Community Involvement	4	3	2	1
Number of Referrals	4	3	2	1
Personnel/Staff	4	3	2	1

7. Please comment on any advantage you may see for service providers to collaborate with the Family Resource Center on the delivery of services to clients in the Coolidge area.

8. Please comment on the disadvantages or difficulties the FRC has posed for service providers.

9. Systems have had to change in order to incorporate the Family Resource Center's client driven focus into the service delivery system. Can you identify changes within your agency/organization directly attributable to the presence of the Family Resource Center since 1988?
10. From your/your agency-organization's perspective, what is the most significant contribution the presence of the Family Resource Center has made to the Coolidge community and its clients.
11. What changes could you suggest to improve Family Resource Center operation?

THANK YOU FOR YOUR TIME

APPENDIX D
FRC CLIENT DEMOGRAPHIC FORM

DEMOGRAPHIC FORM

SIGN-UP PERSON:

NAME:	SITE CODE	SCHL CODE	NAME CODE						
-------	-----------	-----------	-----------	--	--	--	--	--	--

STREET ADDRESS:

MAILING ADDRESS:

PHONE	(1=M)	DATE OF BIRTH	
HOME:	SEX (2=F)		
WORK:	GRADE IN SCHOOL	U.S. CITIZEN?	
MESSAGE:			

ETHNIC: 1=WHITE, 2=BLACK, 3=HISPANIC, 4=NATIVE AMER., 5=ASIAN

S.S.#
MENTOR CODE: NAME: ENROLL DATE:

Relationship Codes:

- | | | | |
|--------------|---------------|----------------------|------------------|
| 1=Mother | 7=Stepbrother | 13=Significant Other | 19=Foster Parent |
| 2=Father | 8=Stepsister | 14=Grandmother | 20=Aunt |
| 3=Stepmother | 9=Son | 15=Grandfather | 21=Uncle |
| 4=Stepfather | 10=Daughter | 16=Great-Grandmother | 22=Niece |
| 5=Brother | 11=Husband | 17=Great-Grandfather | 23=Nephew |
| 6=Sister | 12=Wife | 18=Legal Guardian | 24=Cousin |
| | | | 25=Friend |

MEMBER'S NAME (LAST, FIRST)	S.S.#	SEX	RELATION	DATE OF BIRTH
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ENTER FAMILY MEMBER NUMBER FOR:	HEAD OF HOUSEHOLD	PREGNANT MEMBERS				
MARITAL STATUS	STUDENT/APPLICANT:	1=Single	2=Married			
	NATURAL PARENTS:	3=Separated	4=Divorced			
	CAREGIVERS:	5=Widowed/Deceased				
		Co-Habiting:				
		6) 0-12 Months	7) 1-3 Years			
		8) 3-5 Years	9) 5+ Years			

TYPES OF ASSISTANCE RECEIVED:				
(SEE KEY)				

APPENDIX E
INTRODUCTORY LETTER



June, 1993

Dear _____:

The Family Resource Center needs your help!

We are trying to collect information about Center services that people like; services that need improving and determine what value the Center offers the community, its youth and families.

Would you be willing to answer some questions for us? Your name will never be used.

Please call (723-9339 or 723-9335) as soon as you can or drop by the Center and ask for Bonnie or Julie. We would like to have this information to help with planning for fall activities.

Hope you're having a nice summer.

Thank you for your help.

Bonnie E. Palmer, Director
Family Resource Center
Coolidge Unified School District #21
P.O. Box 1499
Coolidge, Az. 85228
723-9339